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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/532,566	11/21/2005	Lionel Nicholas Mantzavis	000015.P001	3937

52418	7590	04/13/2011
HAHN AND MOODLEY, LLP		
3333 Bowers Avenue		
Suite 130		
Santa Clara, CA 95054		

EXAMINER	
DESAI, HEMANT	

ART UNIT	PAPER NUMBER
3721	

NOTIFICATION DATE	DELIVERY MODE
04/13/2011	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

devasena@hahn moodley.com
vani@hahn moodley.com
daya@hahn moodley.com

NOTICE REQUIRING EXCESS CLAIMS FEES	Application No. 10/532,566	Applicant(s) MANTZIVIS, LIONEL NICHOLAS	
		Art Unit 3700	

The excess claim(s) filed on 03/29/11 is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of **ONE (1) MONTH or THIRTY (30) DAYS** from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$1,330.00, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

- ☐ 1. The funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☐ 2. The Credit Card payment to cover the entire fee due to Account _____ (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☒ 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.
- ☐ 4. The fee submitted in this application is insufficient. A balance of \$ _____ is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).
- ☒ 5. Other.

Explanation (*Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due*): there is no record of fees being charged for filing of multiple dependent claims and for extra claims. The total claims due is \$1,330.00 filed on 04/22/2005 as a small entity. Please see the attached fee sheet.

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Technical Support Staff (TSS): /THUY TA/

Phone Number: (571)272-9462

Note to TSS: Please do NOT use this notice if the application is under a final rejection.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875				Application or Docket Number 10/532,566		Filing Date 04/22/2005		<input type="checkbox"/> To be Mailed	
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APPLICATION AS FILED – PART I						OTHER THAN SMALL ENTITY			
(Column 1)		(Column 2)		SMALL ENTITY <input checked="" type="checkbox"/>		OR		OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)	
<input type="checkbox"/> BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A	N/A		N/A		N/A		
<input type="checkbox"/> SEARCH FEE (37 CFR 1.16(k), (l), or (m))	N/A	N/A	N/A		N/A		N/A		
<input type="checkbox"/> EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A	N/A		N/A		N/A		
TOTAL CLAIMS (37 CFR 1.16(i))	54 minus 20 =	• 34	X \$25 =	850	OR	X \$ =			
INDEPENDENT CLAIMS (37 CFR 1.16(h))	6 minus 3 =	• 3	X \$100 =	300	OR	X \$ =			
<input type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				OR				
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))					OR				
			TOTAL	1330	OR	TOTAL			

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II						OTHER THAN SMALL ENTITY					
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)				
Total (37 CFR 1.16(g))	•	Minus	**	=		OR	X \$ =				
Independent (37 CFR 1.16(h))	•	Minus	***	=		OR	X \$ =				
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))						OR					
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						OR					
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE				

(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)				
Total (37 CFR 1.16(g))	•	Minus	**	=		OR	X \$ =				
Independent (37 CFR 1.16(h))	•	Minus	***	=		OR	X \$ =				
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))						OR					
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						OR					
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Legal Instrument Examiner:
/THUY TA/

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.